



**CNA RENEWAL**  
**NURSE AIDE REGISTRY**  
State Form 49937 (11-00)

On an annual basis, the employer must inform the ISDH Nurse Aide Registry that an individual certified nurse aide (CNA) has performed “nurse-related” activities for at least eight-hour shift during a two-year period.

Based on receipt of this form, staff of the ISDH nurse aide registry are requested to renew the certification on this individual for an additional two-year period.

**I. Aide Identification**

Full Name of Certified Nurse Aide					
CNA Street Address					
City		State		ZIP	
CNA Telephone Number					
Social Security #				CNA Registration #	
Date of Hire				Date of Termination	
Job Title				CNA Expiration Date	

**II. CNA Job Function**

Please identify the number of hours during the last calendar year that this individual has been performing “nursing or nursing related services.”

Number of Hours: \_\_\_\_\_

**III. Agency Identification**

Program Director's Name					
Name Of Health Care Facility					
Street Address					
City		State		ZIP Code	
Facility Number					

\_\_\_\_\_  
Program Director's Signature

\_\_\_\_\_  
Date